E		PTO/SB/30 (08-00)
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FEQUEST FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. § 132, effective on May 28, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/616,301		
Filing Date	July 10, 2003		
Examiner Name	Elmer M. Chao		
First Named Inventor	Yoav KIMCHY		
Group Art Unit	3737		
Altorney Docket Number	25854		

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53 (d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Final Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

١.		Submission required under 37 C.F.R. § 1.114
		Previously submitted
		Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on
	ii,	☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
b.	X	Enclosed
	i.	図 Amendment/Reply
	ii.	☐ Affidavit(s)/Declaration(s)
	iii.	☐ Information Disclosure Statement (IDS)
	ÌΥ.	☑ Other One (1) Month Extension fee
2.		Miscellaneous
а.		☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §
		1.103(c) for
		a period of months. (Period of suspension shall not exceed 3 months; Fae under 37 C.F.R. § 1.17(i) required)
b.		□ Other
3.		Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

For:	Claims after Highest Amendment Claims		SMALL ENTITY RATE FEE		OTHER THAN A SMALL ENTITY	
		Previously Paid			RATE	FEE
Request for Continued Examination (RCE)			1	\$ 405		\$ 810
Multiple Dependent Claims			0 x \$ 185	\$0	x \$ 370	S
Total Claims*	14	14	0 x \$ 25	\$ 0	x \$50	\$
Independent Claims*	2	2	0 x \$105	\$ 0	x \$210	\$
* (If the difference in C	oluma 1 is less t	han "O", enter	TOTAL	\$405	TOTAL	<u>\$</u>

☐ The Commissioner is hereby authorized to charge \$405.- filing fees to Deposit Account No. 50-1407. In the event additional fees are required, please charge these additional fees to Deposit Account No. 50-1407. In the event of overpayment, please credit Deposit Account No. 50-1407.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Name (Print/Type)	Martin D. Moynihan	Registration No. (Attorney/Agent	40,338			
Signature	Maitin W Mayrina	Date October 31	2007			